



16966-00002

PATENT

IN THE UNITED STATES OFFICE OF PATENTS AND TRADEMARKS

Applicant: Tamori

Serial Number: 09/424,685

Filed: January 11, 2000

For: INFORMATION  
RECORDER/PROCESSOR  
EQUIPMENT/SYSTEM  
CONTROLLER PROVIDED WITH  
FINGERPRINT SENSOR

Group Art Unit: 2635

Examiner: C. Yang

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Technology Center 2600

**CERTIFICATE OF MAILING BY EXPRESS MAIL TO  
THE COMMISSIONER OF PATENTS AND TRADEMARKS**

Express Mail mailing label number: **EL 977935667**

Date of Mailing: **November 12, 2003**

I certify that the documents listed below:

- Certificate of Express Mailing (1 page)
- Amendment Transmittal (3 pages) (in duplicate)
- Amendment to OA dated July 11, 2003 (23 pages)
- Exhibit A (4 pages)
- Return Post Card

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Alan L. Cassel  
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11-13-03

§ 2635

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

## TRANSMITTAL

## 1. Transmitted herewith is:

- Certificate of Express Mailing (1 page)
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## STATUS

## 2. Applicant

☒  
☐

claims small entity status.  
is other than a small entity.

CERTIFICATE OF MAILING BY EXPRESS MAIL TO  
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Express Mail No. EL 977935667 US

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Alan L. Cassel, Reg. No. 35,842

### EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☒ Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<input checked="" type="checkbox"/> first month	\$ 110.00	\$ 55.00
<input type="checkbox"/> second month	\$ 420.00	\$ 210.00
<input type="checkbox"/> third month	\$ 950.00	\$ 475.00
<input type="checkbox"/> fourth month	\$1,480.00	\$ 740.00
<input type="checkbox"/> fifth month	\$2,010.00	\$1,005.00
	Fee Due	\$ 55.00

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

- ☐ An extension of \_\_\_\_\_ months has already been secured. The fee paid therefor \$\_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ 55.00.

**OR**

- (b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL		MINUS		=	x \$9 = \$		x \$18 = \$
INDEP.		MINUS		=	x \$43 = \$		x \$86 = \$
— FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$145 = \$		+ \$290 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) ☒ No additional fee for Claims is required

**OR**

- (b) ☐ Total additional fee for claims required \$

**FEE PAYMENT**

5.          Attached is a check in the sum of \$           
☒ Charge Deposit Account No. 01-2384 the sum of \$55.00.  
A duplicate of this transmittal is attached.

**FEE DEFICIENCY**

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

**AND/OR**

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:



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